

File No: 03-447
Prepared By & Return To:
Bridgforth & Buntin
P. O. Box 241
Southaven, MS
(662) 393-4450

BK 0442 PG 0450

WARRANTY DEED

BARBARA M. TOLLISON

GRANTOR(S)

TO

PHILIP C. HERBACK, ET UX

GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good, and valuable considerations, the receipt of all of which is hereby acknowledged, BARBARA M. TOLLISON, does hereby sell, convey and warrant unto PHILIP C. HERBACK AND WIFE, JULIE A. HERBACK, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 61, Phase III, Hernando Hills, situated in Sections 6 & 7, Township 3 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 34, Pages 12-13, in the office of the Chancery Clerk of DeSoto County, Mississippi

The warranty in this deed is subject to rights of way and easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi, and further subject to all applicable building restrictions and the restrictive covenants of record.

By way of explanation, Mr. Paul R. Tollison departed this life on or about 8/31/2001.

Taxes for the current year have been pro-rated on an estimated basis.

Possession is to be given with deed.

WITNESS my signature this the 10th day of April, 2003.

Barbara M. Tollison
BARBARA M. TOLLISON

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for said County and State, on this 10th day of April, 2003, within my jurisdiction, the within named BARBARA M. TOLLISON, who acknowledged that she executed the above and foregoing instrument.

My Commission expires

Janet R. O'Daniel
NOTARY PUBLIC

Grantor Address & Phone:

8584 Harlington Cove
Southaven, MS 38671
Home: 662-429-5682
Work: N/A

Grantee Address & Phone:

986 Green T Blvd West
Hernando, Ms. 38632
Work: 662-404-2047

STATE MS - DESOTO CO. 18
FILED 18

APR 29 8 01 AM '03

BK 442 PG 450
W.E. DAVIS CH. CLK.

**MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS**

BK 0442PG0451

TYPE OR PRINT
WITH BLACK INK

FILING DATE **SEP 28 2001**

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER **123-**

DECEASED

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items

For RESIDENCE items, enter actual location of home rather than mailing address

1. NAME First Middle Last Paul Ronald Tollison			2. SEX Male		3a. HOUR OF DEATH 10:35A		3b. DATE OF DEATH (Month, Day, Year) August 31, 2001	
4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 57 Years		5b. MOS 5c. DAYS		5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) October 23, 1943
7b. CITY OR TOWN OF DEATH Hernando		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) 980 Green T Blvd West				7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA DOA		8. STATE OF BIRTH Tennessee
9. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Barbara Monday		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No		
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 415-68-5991		15a. USUAL OCCUPATION (Kind of work done, most of working life) Truck Driver		15b. KIND OF BUSINESS OR INDUSTRY Roadway Express		
16a. RESIDENCE—STATE Mississippi		16b. COUNTY DeSoto		16c. CITY OR TOWN Hernando		16d. INSIDE CITY LIMITS (Specify Yes or No) Yes		16e. STREET AND NUMBER OR RURAL LOCATION 980 Green T Blvd West

PARENTS

17. FATHER—NAME First Middle Last Paul Grey Tollison			18. MOTHER—NAME First Middle Maiden Pauline Victory		
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INFORMANT

19a. INFORMANT—NAME (Type or print) Barbara Tollison		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 980 Green T Blvd West Hernando, MS 38632	
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Twin Oaks Memorial Gardens		20c. LOCATION (City and State) Southaven, Mississippi		21a. EMBALMER—SIGNATURE AND NUMBER <i>Raymond K. Keeler</i> 789	
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Twin Oaks Funeral Home 17T		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 290 Goodman Road East Southaven, MS 38671					

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Scarlett Barnes, R.N.		22b. PRONOUNCED DEAD (Month, Day, Year) ON 8/31/2001		22c. PRONOUNCED DEAD (Hour) AT 10:35A m.	
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CERTIFIER

23a. CERTIFIER—NAME (Type or print) Jeffrey Pounders		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Road Nesbit, MS 38651	
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Mississippi State Board of Health
Form No. 511
Revised 1-1-89

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>Jeffrey Pounders</i> MD		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>Jeffrey Pounders</i> Desoto CMEI	
24b. DATE SIGNED (Month, Day, Year) Sept. 10, 2001		24c. STATE LICENSE NUMBER	
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24f. DATE SIGNED (Month, Day, Year)	

CAUSE OF DEATH

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

25. PART I. DEATH CAUSED BY: (a) Cancer Of Colon		Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death

Had Decedent been Pregnant Within 90 Days Prior to Death?
☐ Yes ☐ No

26. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I				27. AUTOPSY (Yes or No) No		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes	
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION Street or route number City or town State			

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Judy Moulder
Judy Moulder
STATE REGISTRAR

SEP 28 2001

WARNING:

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